



**Indiana Cooperative Development Center**  
**Cooperative Enterprise Network**  
*Technical Assistance Intake Form*

<b>NAME OF GROUP:</b>	
<b>Contact person:</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>Email Address:</b>
	<b>Web Address:</b>
<b>Agricultural Cooperative/Group?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Non-Agricultural Cooperative/Group?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Cooperative (Please check all that apply)</b> <input type="checkbox"/> Purchasing <input type="checkbox"/> Processing <input type="checkbox"/> Marketing <input type="checkbox"/> Housing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Tourism <input type="checkbox"/> Other _____ Please describe the business and it's objectives _____ _____ _____	<b>Business Status:</b> <input type="checkbox"/> Pre-Venture <input type="checkbox"/> In Business  <b>If in business, how has the business been in operation?</b> <input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> > 3 years
<b>Please indicate the county or counties where members of the proposed venture are located:</b> _____ _____	
<b>Has your group previously received technical assistance from other organizations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what other organizations have assisted your group? (Please check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Local Chamber of Commerce  <input type="checkbox"/> College/University  <input type="checkbox"/> Government Agency  <input type="checkbox"/> Cooperative Extension Service  <input type="checkbox"/> Small Business Development Center Counselor  <input type="checkbox"/> Local Economic Development Professional         </div> <div style="width: 50%;"> <input type="checkbox"/> Local Farm Bureau  <input type="checkbox"/> SCORE Executive  <input type="checkbox"/> Legal Counselor  <input type="checkbox"/> Other Existing Cooperative  <input type="checkbox"/> ICDC Cooperative Enterprise Network  <input type="checkbox"/> Other _____         </div> </div>	
<b>Best Practices Check List</b> ICDC believes there are many stages and steps to effective business development. Many new business ventures require education and assistance during the initial start up. A list of <b>Best Practices</b> has been developed to guide groups through the process of starting a new business. The ICDC strongly encourages each client to follow these <b>Best Practices</b> , therefore please indicate on the chart below the present status of your group by indicating which activities have been completed. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> An idea has been discussed among a group of potential cooperative members  <input type="checkbox"/> Steering committee established  <input type="checkbox"/> Mission and vision developed  <input type="checkbox"/> Feasibility study  <input type="checkbox"/> Bylaws have been adopted  <input type="checkbox"/> Board of Directors has been formed  <input type="checkbox"/> Financing has been discussed with potential investors         </div> <div style="width: 50%;"> <input type="checkbox"/> Consultants and advisors have been identified  <input type="checkbox"/> Consultants / advisors have been hired  <input type="checkbox"/> Market analysis  <input type="checkbox"/> Action items have been established with timelines  <input type="checkbox"/> Articles of Incorporation filed  <input type="checkbox"/> Business plan  <input type="checkbox"/> Management and employees hired  <input type="checkbox"/> Operations have begun         </div> </div>	

**Indiana Cooperative Development Center (ICDC)  
Technical Assistance Agreement**

I, \_\_\_\_\_, representing the \_\_\_\_\_ cooperative/collaborative group agree to participate in the above best practices. I have discussed the process with an ICDC staff member and a Cooperative Enterprise Network member responsible for the project. We have agreed to a course of action that clearly outlines our activities over an established time frame. I further agree that the group will provide assistance in the formation of a steering committee to conduct sufficient due diligence during the initial start-up of the cooperative/collaborative business.

In addition, I understand that funding for services by the Indiana Cooperative Development Center is provided by the USDA Rural Development, Rural Cooperative Development Grant, from federal funds and there will be no charge to our cooperative/collaborative group for such services. I agree that all activities conducted will be under the auspices of the Indiana Cooperative Development Center and its partners. I agree that ICDC is not responsible for the success or failure of the group's endeavor; and that all decisions regarding the group's endeavor are the group's responsibility regardless of the advice given by ICDC or their partners.

Enrollment confirmed by:

\_\_\_\_\_ Date \_\_\_\_\_  
Contact Person

Enrollment supported by:

\_\_\_\_\_ Date \_\_\_\_\_  
Indiana Cooperative Development Center

Please return this form to:

**Indiana Cooperative Development Center Staff**  
**Indiana Cooperative Development Center, 101 West Ohio Street, Suite 1200, Indianapolis, IN 46204**  
**-or- Fax: 317-232-1362**

Deb Conley, Executive Director  
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317-232-8771

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**Office Use Only**

Follow up evaluation: Date sent: \_\_\_\_\_ Date returned: \_\_\_\_\_